# FORM D



## **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

OMB APPROVAL OMB Number: Expires: Estimated average burden hours per response ....

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC US	E ONLY
Prefix	Serial
DATE RI	ECEIVED

Name of Offering ( check if this is an amendment and name has	changed, and indicate change.)	
GEM IFC Seoul Fund, L.P.		RECEIVED
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 50	25 ☑ Rule 506 ☐ Section 4(6) ☐ UL	OE /3
Type of Filing: ☑ New Filing ☐ Amendment		<b>&lt;&lt;</b> APR 0 9 2007 >>
A. BASI	IC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		136/50
Name of Issuer ( check if this is an amendment and name has ch	hanged, and indicate change.)	
GEM IFC Seoul Fund, L.P.		
Address of Executive Offices (Nu	mber and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
900 North Michigan Avenue, Suite 1450, Chicago, Illinois 6061	(1	(312) 915-2900
Address of Principal Business Operations (Nu	Telephone Number (Including Area Code)	
(if different from Executive Offices)		
Brief Description of Business		
To acquire and hold a limited partnership interest in a real est	tate fund.	PROCESSED
Type of Business Organization		<b>FNUCESSED</b>
□ corporation ☑ limited partnership,	, already formed	(please specify):
☐ business trust ☐ limited partnership,	, to be formed	APR 1 3 2007
	Month Year	THOMSON
	n n n n ⊠ Actual □	Estimated FINANCIAL
Actual or Estimated Date of Incorporation or Organization:	0 1 0 7 ⊠ Actual □	Estimated
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service	abbreviation for State:
	CN for Canada; FN for other foreign	jurisdiction)

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. A

A. BASIC IDENTIFICATION DATA								
2. Enter the information requested for the following:								
• Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> </ul>								
Each general and managing partner of partnership issuers.								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)								
GEM IFC Seoul Fund Manager, L.P.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
900 North Michigan Avenue, Suite 1450, Chicago, Illinois 60611								
Check Box(es) that Apply: 🗵 Promoter 🖾 Beneficial Owner 🗆 Executive Officer 🗀 Director 🖂 General and/or Managing Partner								
Full Name (Last name first, if individual).								
GEM Realty Capital, Inc.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
900 North Michigan Avenue, Suite 1450, Chicago, Illinois 60611								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)								
Malkin, Barry A.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
900 North Michigan Avenue, Suite 1450, Chicago, Illinois 60611								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)								
Geller, Norman S.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
900 North Michigan Avenue, Suite 1450, Chicago, Illinois 60611								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Elrad, Michael A.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
900 North Michigan Avenue, Suite 1450, Chicago, Illinois 60611								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner								
Full Name (Last name first, if individual)								
Gumbin, Neal								
Business or Residence Address (Number and Street, City, State, Zip Code)								
900 North Michigan Avenue, Suite 1450, Chicago, Illinois 60611								
Check Box(es) that Apply:								
Full Name (Last name first, if individual)								
Olsen, Denise A.								
Business or Residence Address (Number and Street, City, State, Zip Code)								
900 North Michigan Avenue, Suite 1450, Chicago, Illinois 60611								

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# BASIC IDENTIFICATION DATA (Cont'd)

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)			-	
Caffarelli, Craig R.					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	de)		
900 North Michigan Avenue, S	uite 1450, Chic	ago, Illinois 60611			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual).			•	
Siegal, Eric M.					
Business or Residence Address	(Number and S	treet, City, State, Zip Coo	de)		
900 North Michigan Avenue, S	uite 1450, Chic	ago, Illinois 60611			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
				···	
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
			····		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)		
				(C) (D)	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Desires - Desider - Address	(No b	Accept City State 71- Co	J_\		
Business or Residence Address	(Number and S	treet, City, State, Zip Co	ue)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if in					
vinne (was inne that) it is					
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)	<u>.</u>	\- <u></u>
		,	•		

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				B. IN	NFORMA'	TION AB	OUT OFF	ERING					
												Yes	No
1. Has the	issuer solo	i, or does th	ne issuer in	tend to sel	l, to non-ac	ccredited is	vestors in	this offeri	ng?			🗆	
			Answer al	so in Appe	ndix, Colu	ımn 2, if fi	ling under	ULOE					
2. What is the minimum investment that will be accepted from any individual? (*may be less at discretion of general partner).											. \$ 500,0	00*	
												Yes	No
<ol><li>Does the</li></ol>	ne offering	permit join	t ownershi	p of a sing	le unit?							📮	☑
similar is an as broker	remunerati sociated pe	on for solic erson or age If more tha	citation of p ent of a bro n five (5) p	purchasers ker or deal ersons to b	in connect ler register	tion with sa ed with the	ales of secu SEC and/	irities in th or with a si	e offering. tate or state	If a perso	commission in to be liste name of the nay set forth	d	
Full Name (Last	name first, i	if individua	.l)										
N/A													
Business or Resid	lence Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	de)							
Name of Associa	ted Broker	or Dealer	<u> </u>										
States in Which I	erson Liste	d Has Solie	cited or Int	ends to So	licit Purcha	asers							
(Check "All	States" or	check indiv	idual State	es)							🗆 A	II States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)	
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name (Last	name first,	if individua	ıl)										
Business or Resid	lence Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)							
Name of Associa	ted Broker	or Dealer								·			•
States in Which I	Person Liste	d Has Soli	cited or Int	ends to So	licit Purch	asers							
(Check "All	States" or	check indiv	idual State	es)							🗆 A	II States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
(IL)	· [IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	(NY)	[NC]	[ND]	(OH)	[OK]	[OR]	(PA)	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)	
Full Name (Last	name first,	if individua	ıl)										
Business or Resid	dence Addre	ess (Numbe	er and Stree	et, City, St	ate, Zip Co	ode)	-						
Name of Associa	ted Broker	or Dealer											
States in Which I	Person Liste	ed Has Soli	cited or Int	ends to So	licit Purch	asers			· · · -				
(Check "Al											🗆 A	II States	
									[ID]				
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]	
[RI]	[SC]	(SD)	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold.  Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	(	Aggregate Offering Price		Am	ount Already Sold
	Debt	\$	-0-	\$		-0-
	Equity	\$		\$		-0-
	□ Common □ Preferred	<u>*</u>		¥		<b>V</b>
	Convertible Securities (including warrants)	\$	-0-	s		-0-
	Partnership Interests			S		7,500,000
	Other (Specify) limited partnership interests			s.		-0-
	Total			\$		7,500,000
	Answer also in Appendix, Column 3, if filing under ULOE.	*	2010001000	¥.		7400000
2.	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Do	Aggregate Ilar Amount Purchases
	Accredited Investors	¢	10	•	•	7,500,000
	Activated IIV-3015	<u> </u>		¥		7,500,000
	Non-accredited Investors		-0-	\$		-0-
	Total (for filings under Rule 504 only)		-0-	<u>\$</u>		-0-
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.					
	Type of offering		Type of		Do	llar Amount
			Security			Sold
	Rule 505	_		<u>\$</u>		<u> </u>
	Regulation A	_		\$		
	Rules 504	_	<del></del>	<u>\$</u>		
	Total	_		<u>\$</u>		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees		Q	<u> </u>		-0-
	Printing and Engraving Costs		🗹	1 <u>\$</u>		-0-
	Legal Fees		😉	1 <u>\$</u>		120,000
	Accounting Fees	••••	<u> </u>	] <u>\$</u>		25,000
	Engineering Fees	••••		] <u>\$</u>		-0-
	Sales Commissions (specify finders' fees separately)	••••	<u> </u>	1 <u>\$</u>		-0-
	Other Expenses (identify) filing fees,					3,000
	Total			- 7 C		148 000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	enses furnished in response to Part C - Ques	gate offering price given in response to Part C- Question 1 tion 4.a. This difference is the "adjusted gross proceeds to	o the			<u>\$</u>	1	<u>9,852,000</u>
5.	Indicate below the amount of the adjusted of the purposes shown. If the amount of a	gross proceeds to the issuer used or proposed to be used for purpose is not known, furnish an estimate and check the yments listed must equal the adjusted gross proceeds to the babove.	or each e box t	<b>o</b>				
					Payments to Officers, Directors, & Affiliates		Pa	nyments to Others
	Salaries and fees		🗆	<u>\$</u>	-0-		<u>\$</u>	-0-
	Purchase of real estate		🗆	<u>\$</u>	-0-		<u>\$</u>	-0-
	Purchase, rental or leasing and installation	of machinery and equipment	🗖	<u>\$</u>	-0-		<u>\$</u>	-0-
	Construction or leasing of plant buildings	and facilities	🗆	<u>\$</u>	-0-		<u>s</u>	-0-
		the value of securities involved in this offering that may be sof another issuer pursuant to a merger)		<u>\$</u>	-0-		<u>\$</u>	-0-
	Repayment of indebtedness		🗆	<u>\$</u>	-0-		<u>s</u>	-0
	Working capital		🗖	<u>s_</u>	-0-		<u>\$</u>	-0-
	Other (specify): acquiring and holding a li	🗆	\$	-0-	_ Ø	<u>\$</u>	19,852,000	
	Column Totals	🗆	<u>s</u>	-0-	Ø	<u>s</u>	19,852,000	
	Total Payments Listed (column totals adde	ed)			<b>Ø</b> <u>\$ 19,58</u>	<u>2,00</u>	<u>0</u>	
	· · · · · · · · · · · · · · · · · · ·	D. FEDERAL SIGNATURE			•			
constitu	her has duly caused this notice to be signed be tes an undertaking by the issuer to furnish to d by the issuer to any ron-accredited investor	y the undersigned duly authorized person. If this notice is the U.S. Securities and Exchange Commission, upon writer or pursuant to paragraph (b)(2) of Rule 502.	filed u	nder uest	Rule 505, the of its staff, th	foll e inf	owin orma	g signature ion
	Print of Type) FC Seoul Fund, L.P.	Signature Dat Ap	te ril 5, 2	007			·	
	f Signer (Print or Type) affarelli	Title of Signer (Print or Type) Vice President of GEM Realty Capital, Inc., the gene Manager, L.P., the general partner of the Issuer	ral pai	tner	of GEM IF	C Se	oul F	und
Craig (	affarelli		ral pai	tner	of GEM IF	C Sec	oul F	und 

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)